

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CS23174RA
	First Inventor:	Pecen, Mark E. et al.
	Title:	METHOD AND APPARATUS FOR MOBILITY IMPACT MITIGATION IN A PACKET DATA COMMUNICATION SYSTEM
	Express Mail Label No.:	EV203579479US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="28"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="5"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____ _____ _____
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18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.
Prior Appl. information: Examiner: Group/Art Unit:
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="text" value="20280"/>	or	<input type="checkbox"/> Correspondence address below
Name	Hisashi D. Watanabe		
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SIGNATURE	<i>Hisashi D. Watanabe</i>		Date 08-25-03

CS23174RA

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1,396.00

Application Number

Filing Date

8/25/03

First Named Inventor

Pecen, Mark E. et al.

Examiner Name

Group Art Unit

Attorney Docket No.

CS23174RA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fees(s) indicated below, **except for the filing fee to the**
above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)		Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) **(\$)** 750.00

2. EXTRA CLAIM FEES

		Previously Paid**		Extra Claims		Fee from below		Fee Paid
Total Claims	35	- 20	=	15	X	18	=	270
Independent Claims	7	- 3	=	4	X	84	=	336

Multiple Dependent

$$\boxed{280} = \boxed{}$$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$) 606.00
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**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

SUBMITTED BY

Name (Print/Type)

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847-523-2322

Signature

Date _____

08-25-03

CS23174RA